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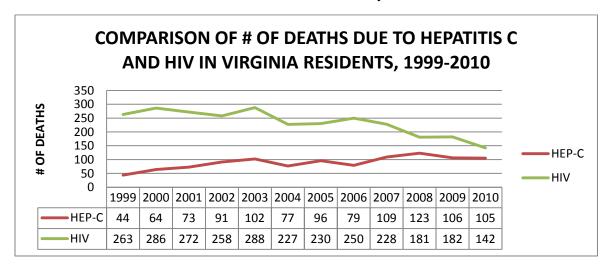
June 1, 2012

Dear Colleague,

Many of you may have recently heard news stories on the proposed recommendations by the Centers for Disease Control and Prevention (CDC) to expand hepatitis C (HCV) testing to the baby boomer population, adults born 1945 through 1965. Viral hepatitis is a silent epidemic, as many as 75 percent of people with chronic viral hepatitis are unaware that they are infected. Baby boomers are five times more likely than other American adults to be infected with this disease. While we certainly know some risk factors for acquiring the virus, one reason for this proposed age-based screening is due to limited testing abilities for hepatitis C prior to the early nineties. Today, I am sharing information to assist as you answer questions from your patients on this often unrecognized health crisis in the United States.

As you know, current testing recommendations are limited to risk-based guidelines. The goal of the proposed, expanded recommendations is to identify more hidden infections, allow for more prompt and appropriate care, and ultimately avoid thousands of hepatitis C-related illnesses and deaths. While the recommendations are not yet final, they are open for public comment at www.regulations.gov and signal that greater awareness of and focus on this important public health issue is needed.

The increase in deaths attributed to the consequences of chronic HCV infection is another reason to offer screening to your patients. A recent article in the February 21, 2012 issue of the *Annals of Internal Medicine* illustrates the increasing mortality trends from viral hepatitis in the United States, and notably, deaths attributed to HCV now surpass deaths caused by HIV. Virginia trends are similar, with consistent decreases in deaths due to HIV and increases in HCV mortality.



In addition to the attention on hepatitis C, in May 2012, an article was published in CDC's *Morbidity and Mortality Weekly Report (MMWR)* outlining recent outbreaks of hepatitis B (HBV) in assisted living facilities in Virginia, all of which were linked to the assisted monitoring of blood glucose (AMBG). The cases of hepatitis B discovered during these investigations were almost universally preventable. Similar

outbreaks have occurred in other regions of the country, and CDC recently updated vaccination recommendations to include diabetics as a population at risk and in need of hepatitis B vaccinations.

The recommendations are an expansion to those previously published in 2005; that all adults who report risk factors for hepatitis B virus infection and all adults seeking protection be vaccinated. It is suggested that all unvaccinated adults, age 19 through 59, with diabetes receive the three dose series of hepatitis B vaccine shortly after diagnosis. In addition, vaccination of people with diabetes, age 60 and over, is recommended at the discretion of the treating clinician. This distinction is primarily because current hepatitis B vaccines are not as effective among older adults.

Hepatitis B outbreak investigations at the local level are an important reminder of the importance of infection control and vaccination campaigns. We must all work together in both public and private practice settings to prevent transmission of bloodborne pathogens and ultimately avoid these costly and concerning outbreaks. If you take care of people with diabetes in your practice, I strongly encourage you to assess their vaccination status and offer the vaccine series according to the CDC recommendations. Additionally, if you have patients or family members that live in congregate settings and require AMBG, I encourage you to review the infection control policies in place; ensure that fingerstick equipment is *never* shared between residents; and blood glucose monitors are cleaned and disinfected after every use.

Currently, VDH offers viral hepatitis testing in STD and family planning clinics within 10 of its 35 health districts. This testing program has been in existence since 2006 and continues to expand. If you would like additional information about VDH's hepatitis screening initiative, please contact Brian Anderson, Adult Viral Hepatitis Coordinator, at 804 864-7992.

I am also providing you with educational materials and a list of VDH test sites that will assist as you in provide care to patients:

- Information from the Virginia Department of Health about Viral Hepatitis, http://www.vdh.virginia.gov/Epidemiology/diseaseprevention/programs/hepatitis/index.htm
- Morbidity and Mortality Weekly Report (MMWR) from May 18, 2012, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6119a3.htm?s cid=mm6119a3 w
- CDC's national education campaign, *Know More Hepatitis*. The campaign is aimed at increasing awareness about this hidden epidemic and encouraging people who may be chronically infected with hepatitis C to get tested, http://www.cdc.gov/knowmorehepatitis.

Thank you for your continued partnership in protecting the health of Virginians.

Sincerely,

Karen Remley, MD, MBA, FAAP State Health Commissioner